



Department of Children & Families  
 Connecticut Child Justice Foundation  
Case Referral Form

Name of referring individual:	
Title:	
Office:	
Phone:	
e-mail:	

1.	Student's Name:	
2.	School Student attends:	
3.	City/Town where parent resides:	
4.	Relationship of student to DCF (committed abuse neglect, committed delinquent, statutory parent, etc)	
5.	Detailed description of the suspected violation-(attach LINK narrative, school documents and written communication with school, if available)	
6.	Date when you became aware of the suspected violation:	
7.	If the suspected violation was ongoing prior to it coming to your attention, how long has it been occurring?	
8.	Efforts taken by regional and or area office staff to resolve problem (include names of everyone involved, including school officials):	
9.	Suggested resolution:	